

Lambert (J.)

TUBERCULAR NEPHRITIS,
RESULTING IN
ABSCESS OF BOTH KIDNEYS.

BY

JOHN LAMBERT, M.D.

SALEM, NEW YORK,

CORRESPONDING MEMBER OF THE GYNÆCOLOGICAL SOCIETY OF BOSTON, AND MEMBER OF THE WASHINGTON COUNTY MEDICAL SOCIETY.

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*Revised by
A. E. M. Purdy*

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1871.

A CASE OF TUBERCULAR NEPHRITIS OF BOTH KIDNEYS, RESULTING IN ABSCESS.

[Communicated to the Society, and read April 18, 1871.]

BY JOHN LAMBERT, SALEM, WASHINGTON CO., N.Y., CORRESPONDING MEMBER.

IN December, 1861, Mr. J. N. D., of Salem, merchant tailor, aet. thirty-three, married; a native of Vt.; nervous temperament; average weight one hundred and fifteen pounds; habits good; consulted me regarding a painful swelling in the right hypochondrium, and in the region of the right kidney.

He stated that he had had urinary troubles since an attack of scarlatina in early childhood, and that he had suffered, for eight years, from frequent and difficult micturition, accompanied by occasional hematuria, and an abundant "brick-dust" urinary deposit, induced, as he thought, by having retained his urine, from feelings of delicacy, until urination became exceedingly difficult and distressing.

From the history of the case, the symptoms, and a careful examination of the tumor in the loin, I was led to diagnose an abscess of the kidney.

His general health was not greatly impaired; his appetite was good; he continued at his occupation till within two weeks of the opening of the abscess; did not take his bed; was cheerful, and his sufferings were not sufficient to require medication; indeed, my examination of the case was incidental, and I had no opportunity of testing the urine.

The tumor continued to enlarge outward and downwards until January 11th, 1863, when, fluctuation being distinctly felt, I opened an abscess, which discharged fully three pints of thin purulent matter.

The discharge continued abundant for a few days; he resumed his business in about two weeks, and in eight weeks the discharge had ceased and the opening healed.

From this time onward his health continued apparently as good as usual.

Virility was impaired.

He practised hunting, trouting in our cold mountain streams, camping out, and violent gymnastics.

Urinary sediments were thrown down, quite abundantly at times (the nature of which I had no opportunity of ascertaining); and dysuria was somewhat pronounced, from which he was relieved by the occasional use of gin.

Quantity of urine said to have been nearly or quite normal.

In March, 1870, he began to experience a sense of weight, pain and tenderness in the region of the left loin, with an increase of urinary difficulties; micturition became frequent and painful; and ischuria renalis was evidently a prominent symptom. Walking and riding augmented his sufferings. Hematuria manifested itself, attended by the passage of large blood-clots. Inappetency; general health failing.

April 30th. Examination revealed slight tumefaction, and considerable tenderness of the left kidney on deep pressure. His condition was somewhat improved by the daily application of sedative liniments and sinapisms to the loin, and the employment of tonics and bromide of potash.

The hematuria readily yielded to tannic acid.

By advice of friends, he visited Saratoga and Middletown, Vt., hoping for beneficial results from a free use of mineral waters; but he returned without improvement.

July 25th. His symptoms were much more markedly pronounced. He was suffering from excruciating pain in the vicinity of the kidney, greatly increased on pressure, and extending down the ureter to the bladder, and to the extremity of the urethra. This latter symptom was exceedingly annoying throughout. There was a distressing sense of weight and dragging in the perineum.

Urine scanty, and voided with urgent frequency and little relief. Loss of appetite was almost total; and nausea and vomiting now became a prominent symptom, and obtained till the end.

Rapid emaciation; insomnia; night-sweats; rigors; pulse considerably accelerated; fever.

He obtained little and unsatisfactory relief from local applications,—from morphia, codeine, chloroform, chloral hydrate, or other remedies employed; in fact, the amount of medicine deemed advisable in his case, or which he could bear, was small.

The tumor in the left hypochondrium, an examination of which very much aggravated his symptoms, was now well defined, and presented a broad convex surface, with a perceptible bulging posteriorly.

From the gravity of the symptoms, and in view of the former history of the case, I was forced to the diagnosis of suppurative disease of the kidney, and to an unfavorable prognosis.

September 25th. The case having become more urgent in all its aspects, the bulging being decidedly more pronounced, and believing that I distinctly felt fluctuation, I proposed to use the exploring trocar, as

a diagnostic measure, and to evacuate the abscess, should my views be confirmed. To this he would not consent.

On the thirtieth, his urine became cloudy, and, in a few days, a white creamy deposit was observed, which, on examination, proved to be pus. This increased in quantity and consistency until from two to six ounces were discharged daily.

The urine was slightly albuminous. No microscopic examination was had. He could readily distinguish the passage of pus from the kidney by the agonizing, burning pain produced by it along the track of the ureter into the bladder, where cystitis was evidently developed by the presence and decomposition of pus and urine. The odor of this, when voided, was intolerably offensive.

The ropy consistency of the urinary passages gave him no little trouble at times.

He absolutely refused at this time, as at an earlier date, to allow the introduction of a sound or catheter for the purpose of dilating any existing strictures, relieving the bladder of its contents, or washing it out with plain or medicated injections.

Directly on the free passage of pus, per urethra, the tumor in the hypochondrium abated, as did the severer painful symptoms, although great tenderness still existed in the loin and kidney, and there was no improvement in his general condition.

Several times subsequent to the appearance of pus in the urine, an obstruction of it in the ureter was evidenced by an almost entire cessation of its flow, special tenderness in the track of the ureter, increased swelling of the tumor, and an augmentation of all the local symptoms until it again found exit.

The case was seen in consultation, Nov. 20th, by Dr.

Chas. H. Allen, of this place, who fully concurred in the views taken.

The patient voided during his sickness from sixteen to twenty-eight ounces of urine daily, of a specific gravity of from 1012 to 1020, until within about ten days of death, from which time the quantity passed guttatum, and with great suffering, was from six to ten ounces.

The cerebral indications of the so-called uræmic poisoning, were not manifested until the last three or four weeks of life, and then only in a mild form, resembling the gentle narcotic effects of opium, coma and convulsions being entirely wanting.

He insisted upon rising to urinate, and was able to do so, with slight assistance, till the last effort, five minutes previous to death.

There were no indications of calculi discovered during life.

No general or local dropsy.

We discovered no symptoms of, and careful exploration of the chest did not disclose, pulmonary tuberculosis.

Perfectly conscious, he died without a struggle at four o'clock A. M., Dec. 24.

SECTIO CADAVERIS.

Twelve hours after death. Present and assisting, Dr. E. H. Ware, U. S. Navy, and Dr. Chas. H. Allen.

We found the body greatly emaciated. Rigor mortis moderate.

On opening the abdomen, its walls were found very thin, and contained only a trace of adipose tissue. The viscera appeared in their natural position, except in the left hypochondrium, where they were considera-

bly displaced by a large tumor, which bulged high up into the abdominal cavity, over which the descending

Left Kidney, Ureter, and small portion of the Bladder.



5½ inches in length. 4 inches in breadth. 3½ inches in thickness. Weight, 22 oz.

colon was found lying very much contracted, and adhered for about five inches in extent.

On examination the tumor was found to be the left kidney greatly enlarged and firmly adherent, the fibrous adhesions of which were so firm that the entire organ required to be dissected out with the scalpel before it could be removed.

It had an elastic or boggy feel, and measured five and three-fourths inches in length, four inches in breadth, three and three-fourths inches in thickness, and weighed twenty-two ounces (being about three times as large as the normal kidney).

On being laid open, its capsule was found very much thickened, being nearly one-fourth inch in thickness at the pelvis, and firmly adhered to the surrounding tissues; but it could easily be detached from the organ, leaving its surface smooth.

The greater portion of the renal tissue, both cortical and medullary, was found to have degenerated into a white cheesy substance, and to contain several large abscesses filled with pus, and opening into the pelvis, while the formation of several other abscesses was indicated by a thick, putty-like deposit, not yet broken down. In one instance, this deposit was two inches in length, and one and one-half inch in breadth.

A portion of the renal substance, equal to about one-third of a normal kidney, appeared rather pale, but comparatively healthy.

The pelvis of the kidney was almost completely obliterated; its contracted cavity was filled with the cheesy substance, mingled with pus and urine in a state of incipient decomposition.

The coats of the ureter were much thickened throughout its whole extent, and its canal was very much dilated.

At its termination in the bladder, its lining membrane

was found ulcerated, and presented a granular appearance for an inch or so in extent.

The right kidney was found in its normal position, but firmly adherent posteriorly, in apposition with a cicatrix, the result of the opening which I made in January, 1863.

Right Kidney.



1½ inches in diameter. Weight, 2½ oz.

On removing what appeared to be the kidney, it was found to have degenerated into two fibrous bodies (suggesting the idea of two kidneys), loosely connected, each measuring one and a half inch in diameter, and together weighing two and a half ounces.

Their cut surfaces presented a very firm, compact, and shining texture. The capsule was closely adherent to these bodies. The ureter was perfectly occluded.

The bladder contained about six ounces of urine and pus. Its coats were greatly thickened, and its lining membrane was in a condition of extreme ulceration. No calculi were perceptible in either the kidneys or bladder.

Liver and spleen were found slightly enlarged, but appeared healthy.

The other abdominal viscera were in a normal condition.

No further examination was permitted.

PATHOLOGICAL CHARACTER.

My friend, Dr. Edmund R. Peaslee, writes, March 18th:—

"From the best assistance I can obtain, I judge you are correct in supposing the case, one of nephritis, with tubercular deposit. It is of great interest, and should be laid before the profession."

Through the politeness of Dr. Peaslee, I am furnished with the following pathological report, by Dr. Stephen Rogers, of New York city, upon a small portion of the kidneys sent him; dated March 25th.

"I find that the portion of the large kidney sent shows that it has been invaded by both interstitial and tubular inflammation.

"The result of the latter is seen in the fact that both the tubes and the malphigian bulbs, still recognizable, are stuffed to repletion with exfoliated renal epithelial scales, exudation corpuscles, and a great amount and confused admixture of granular, oily, and imperfectly crystallized material. In many regions, the connective, or intra-tubular tissue is found to present a laminated appearance, and is greatly thickened.

"Judging, therefore, from both the history given, and the condition of this piece of the kidney, it appears to have been the seat of a most destructive *pyelo-nephritis*.

"The portions of the other kidney sent are very firm, indeed almost leathery, and are found to present that condition known as *renal cirrhosis*; that is to say, the

former fibrous exudation into the intertubular, or interstitial tissue has so contracted as firmly to compass the contents of the tubes and malphigian bulbs, which have been in part removed by degeneration and absorption, leaving great numbers of microscopic cysts and sections of empty tubes.

"The greater part of these fragments of kidney, therefore, consists of the former tube walls, surrounded by laminated and contracted organized lymph, all appearance of healthy kidney structure having disappeared."

While I was in Albany, Dr. Edward R. Hun, very kindly made a microscopic examination of the entire pathological specimens, and has since furnished me the following report, dated April 6th:—

"The *left kidney* presents all the characteristics of fatty degeneration, with destruction of the epithelium lining the tubules. The intertubular connective tissue is infiltrated with a number of small nucleated cells and free nuclei, which are especially abundant in the neighborhood of an abscess. At some points these cells are collected in little masses, forming distinct deposits, and many of these deposits have undergone granular and calcareous degeneration.

"The *right kidney* (that is, the one which appeared to be divided in two) was in a condition of cirrhosis. The tubules had lost their epithelial lining, and were pressed upon, and in a great measure obliterated, by dense fibrous tissue.

"The small cells, which were so abundant in the intertubular spaces of the left kidney, did not appear to exist in the right one. There were, however, a number of granular and some calcareous deposits.

"From the above examination, and the history of the case, I am of the opinion that there was tubercular

deposit in both kidneys, and that this deposit subsequently softened and resulted in abscess. The abscess in the right kidney became very large, and you opened it. After the operation the walls of the abscess collapsed, and its cavity became obliterated, thus dividing the organ into two parts, and at the same time a chronic inflammation was excited, which resulted in cirrhosis and destroyed the kidney as a secreting organ.

"Thanking you for the opportunity of seeing so interesting a case, the whole of which is so complicated in its nature,

"Very truly yours,

"EDWARD R. HUN."

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